PBM-MAP THE PHARMACOLOGIC MANAGEMENT OF CHRONIC HEART FAILURE (HF)

INITIAL ASSESSMENT AND INTERVENTION

- Perform history, physical exam, laboratory and other diagnostic procedures.
- Evaluate LV function. In general, LVEF of < 40% is considered systolic dysfunction.
- Implement nonpharmacologic interventions, manage concomitant cardiac conditions, address underlying causes.
- Consider anticoagulation if history of atrial fibrillation or thromboembolism.
- A diuretic should be used in patients with symptoms or signs of fluid overload.
- Treat with an ACEI (unless contraindicated or not tolerated) if reduced LV function.
- A b-adrenergic blocker should be used in conjunction with an ACEI in all patients with stable NYHA class II or III HF, unless contraindicated or not tolerated.
- Digoxin should be used in patients with moderate to severe HF whose symptoms persist despite treatment with an ACEI, a b-blocker, and a diuretic.
- Hydralazine and isosorbide dinitrate should be considered in patients with contraindications to or who cannot tolerate an ACEI. An AIIRA is an additional alternative for patients who cannot tolerate an ACEI due to cough.
- Low dose spironolactone should be considered in patients with recent NYHA class IV HF and current class III or IV symptoms, unless contraindications exist

GENERAL PRINCIPLES FOR MANAGEMENT OF HF

- Goals of therapy include improved symptoms, increased functional capacity, improved quality of life, slowed disease progression, decreased need for hospitalization, and prolonged survival.
- Educate patients and family on the etiology, prognosis, therapy, dietary restrictions, activity, adherence, and signs and symptoms of recurrent HF.
- Discuss nonpharmacologic therapy including abstaining from alcohol and tobacco, limiting dietary sodium, reducing weight if appropriate, and participating in exercise training programs.
- Increase pharmacologic therapy as tolerated in an effort to achieve target doses.
- Emphasize adherence to the medication regimen.
- Schedule regular follow-up and assess for change in functional status.
- Cardiology referral may be requested at any point in the care of the patient. Some facilities may have interdisciplinary HF disease management clinics to provide continuity of care for patients with HF.

VA access to full guideline: http://www.oqp.med.va.gov/cpg *August 2001*
DoD access to full guideline: http://www.cs.amedd.army.mil/Qmo
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